



Bib Data Sheet


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<b>SERIAL NUMBER</b> 09/516,078	<b>FILING DATE</b> 03/01/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 45061-8	
<b>APPLICANTS</b> Zsolt Istvan Hertelendy, Pharm.D., Ph.D, Cincinnati, OH ; Murray Weiner, M.D., Cincinnati, OH ; Michael Howell, Phd, Cincinnati, OH ; Joseph Thomas, Hebron, KY ;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 05/04/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> -	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> Benesch Friedlander Coplan & Aronoff LLP 2300 BP America Building 200 Public Square Cleveland, OH 44114-2378					
<b>TITLE</b> Urogenital or anorectal transmucosal vaccine delivery system					
<b>FILING FEE RECEIVED</b> 462	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		